SEP 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29437
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8070

(c) City St. Louis (d) Street No. City Hospital No.1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 7336

2. PRINT FULL NAME Hattie Easterly

(a) Residence, No. 1310 a Missouri St. 22

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc. nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Dr. Ezra Easterly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Elizabeth Bostwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Hosp. Info M.Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL in PLACE Bellefontaine DATE Aug 28 1937

19. FUNERAL DIRECTOR A. H. McLaughlin (ADDRESS) 2501 Lafayette Avenue

20. FILED AUG 27 1937 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/23/37, 19 to 8/26/37, 19 I last saw her alive on 8/26/37, 19 Death is said to have occurred on the date stated above, at 12.15 p

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

H.B.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Rich, M. D.

(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12604

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [illegible]

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)